

**APPLICATION FOR
WASHINGTON FISH AND WILDLIFE COMMISSION
ADVISORY COMMITTEE FOR PERSONS WITH DISABILITIES**

Mail to: Washington Fish and Wildlife Commission Telephone: (360) 902-2267
600 Capitol Way North
Olympia, WA 98501-1091

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MI
MAILING ADDRESS		
CITY ()	STATE	ZIP CODE
TELEPHONE NO.	E-MAIL ADDRESS	
WILD ID #	DISABLED HUNTER PERMIT#	HARVESTER CARD#

Please ask your doctor to complete the information below if you do not have a Disabled Hunter Permit or Harvester Card.

Physician: Please check the following applicable boxes:

- ☐ Permanent Disability – Is not ambulatory over natural terrain without a lower extremity prosthesis **or** must permanently use a medically prescribed assistive device for mobility, including, but not limited to, a wheelchair, crutch, cane, walker or oxygen bottle.
- ☐ Permanent Disability – Physically incapable of holding and safely operating a firearm, legal fishing or shellfishing device.
- ☐ Permanent upper or lower extremity impairment who have lost the use of one or both upper or lower extremities, **or** who have a severe limitation in the use of one or both upper or lower extremities, **or** who have a diagnosed permanent disease or disorder which substantially impairs **or** severely interferes with mobility or the use of one or both upper or lower extremities for holding and safely operating a firearm or other legal hunting device or legal fishing or shellfishing device.
- ☐ Permanently blind or visually impaired.

"I hereby certify under penalty of perjury under the laws of the state of Washington that the above named individual is qualified as checked above and defined in 77.04.150 RCW, and that I am a physician licensed to practice in the state in which the applicant resides."

Physician's Name (Please Print)	Physician's Signature	Date
Address	City	State
		Zip Code
Telephone # (include area code)	E-Mail Address	

**PLEASE PLACE SIGNATURE/OFFICE
STAMP IN THE BOX TO THE LEFT**